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ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

PLACE OF BIRTH
County of _____
District of _____
Town of _____
or
City of _____ (No. _____ St.; _____ Ward)

State Index No. 246
Co. Register No. 60
Local Registrar's No. _____

ORIGINAL CERTIFICATE OF BIRTH

FULL NAME OF CHILD Thaddie Eldiva Bourgeois
If child is not named, make Supplemental Report on blank obtainable from local registrar. } Born NO
Alive YES

Sex of Child <u>Female</u>	Twin, Triplet or other <u>X</u>	and	Number in order of birth <u>X</u>	Legitimate? <u>Yes</u>	Date of Birth <u>Feb 20</u> 19 <u>21</u> (Month) (Day) (Yr.)
FATHER			MOTHER		
Full Name <u>Clarence Ellis Bourgeois</u>			Full Maiden Name <u>Thaddie Harden Wyatt</u>		
Residence <u>Franklin Ariz</u>			Residence <u>Franklin</u>		
Color or Race <u>White</u>			Color or Race <u>White</u>		
Age at last Birthday <u>19</u> (Years)			Age at last Birthday <u>19</u> (Years)		
Birthplace <u>Ariz</u>			Birthplace <u>Ariz</u>		
Occupation <u>Farmer</u>			Occupation <u>Housewife</u>		
Number of child of this mother <u>1st</u>		Number of Children, of this mother, now living <u>1</u>		Were precautions taken against Ophthalmia neonatorum? <u>Yes</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of the above child; and that it occurred on Feb 20 1921, at 1 A M.

*When there is no attending physician or midwife, then the householder should make this return.

(Signature) J. H. Beely, M.D.
(Attending physician, midwife, householder.)*

Given or Christian name added from a supplemental report _____ 191____ Address _____

Filed Feb 28 1921

322-220-363 A True Copy
COUNTY REGISTRAR. Filed 3-4 1921

James A. [Signature]
LOCAL REGISTRAR.
COUNTY REGISTRAR.